

Client Financial Information

Case Management is a reimbursable service.

This applies to the initial screening or intake as well as other times.

Name of Clinic/Program

will bill your insurance company for services provided to you. Your health Insurance may cover part or the entire cost of care provided by this service. It is important that you notify staff on enrollment of your insurance coverage. We would also like to receive a copy of your insurance card.

This agreement allows for the release of medical information necessary to process claims.

It is important to notify staff of any changes to your insurance coverage.

Client: _____

Date: _____

Client's Agent or Representative: _____

Date: _____

Relationship to Client: _____

Witness: _____

Date: _____

County of San Diego
Health and Human Services Agency
Mental Health Services
Case Management Services

**CASE MANAGEMENT –
CLIENT FINANCIAL INFORMATION**
HHSA:MHS-862 (6/29/2003)

Client: _____

MR/Client ID #: _____

Program: _____